

From: noreply@qemailserver.com
To: RXRegulatory
Sent: 6/9/2014 3:05:27 PM
Subject: OH 03326 DEA IN (DOL:06/08/2014)

Name of Pharmacist Submitting Form (First Name, Last Name): Kenneth Cook

Pharmacy Supervisor Name (First Name, Last Name): Andrew, Laymon

Loss Prevention Manager Name (First Name, Last Name): Colleen, Lomato

Recipient Data:

Time Finished: 2014-06-09 13:05:05

IP: 12.15.136.26

ResponseID: R_0HfMo4xa3XipAwJ

Link to View Results: [Click Here](#)

URL to View Results: https://cvs.az1.qualtrics.com/CP/Report.php?SID=SV_5b6uB0Nh2AJckER&R=R_0HfMo4xa3XipAwJ

Response Summary:

Store Number (Must be five digits. Ex: 09999)
03326

Store DEA Number (Must be 9 characters. Validate in RxConnect by selecting F11.)
AR7232781

Store Street Address (Validate in RxConnect by selecting F11.)
9040 Mentor Avenue

Store City
Mentor

Store State
OH

Store Zip Code (Must be 5 digits.)
44060

Store Telephone Number (xxx-xxx-xxxx)
440-255-9159

Store Fax Number (xxx-xxx-xxxx)
440-255-2400

Select Business Unit
Retail

PLAINTIFFS TRIAL
EXHIBIT

P-21937_00001

Name of Pharmacist Submitting Form (First Name, Last Name)

First Name Kenneth

Last Name Cook

Date of Confirmed Loss (mm/dd/yyyy)

06/08/2014

Type of Loss

Other - Unknown

Provide Details of Theft or Loss

Upon taking over CVS store 3326, pharmacy manager Dan Blore started a narcotic inventory of schedule II medications for a change in PIC. It was discovered that many of the log books were off (both positive and negative) for multiple medications. Some narcotics were also not logged at all when ordered, and multiple NDCs were logged under one NDC which further led to discrepancies in the log book.

Enter Name and Strength of the Controlled Substance Lost or Stolen for the medication with the LARGEST Quantity Estimated to be lost at this time. (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

Oxycodone/APAP 5/325mg tablets

Enter Estimated Number of Units (aka: Quantity) Lost for the medication named in the field above. (Medication with the LARGEST quantity) (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

-220

Enter Name and Strength of the Controlled Substance Lost or Stolen for the medication with the Second Largest Quantity Estimated to be lost at this time, if applicable. (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

Oxycodone/APAP 10/325mg tablets

Enter Estimated Number of Units (aka: Quantity) Lost for the medication named in the previous field. (Medication with the second largest quantity.) (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

-101

Enter Name and Strength of the Controlled Substance Lost or Stolen for the medication with the Third Largest Quantity Estimated to be lost at this time, if applicable. (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

Vyvanse 20mg capsules

Enter Estimated Number of Units (aka: Quantity) Lost for the medication named in the previous field. (Medication with the third largest quantity.) (This is for internal purposes only. CVS understands that this information may change pending the results of the investigation.)

-90

Provide a brief description of the phone call with the OH BOP agent required for all thefts and significant losses of #60 or more. (This is for internal purposes only and will not be distributed to the DEA.)

I left a message with Ohio State Board of Pharmacy Agent William "Trey" Edwards on Sunday June 8th and Monday June 9th to inform him of the final discrepancies (since it took roughly a month to get everything in

Pharmacy Supervisor Name (First Name, Last Name)

First Name Andrew

Last Name Laymon

Pharmacy Supervisor Cellular Telephone (xxx-xxx-xxxx)

330-760-2764

Loss Prevention Manager Name (First Name, Last Name)

First Name Colleen

Last Name Lomato

Loss Prevention Manager Cellular Telephone (xxx-xxx-xxxx)

216-218-2811

Print and view the following attachments to complete the following fields. DEA Field Divisions Contact Information

DEA Field Division Office Fax Number 216-664-1307

Print and view the following attachments to complete the following fields. Board of Pharmacy Contact Information State Specific Agencies Contact Information

State Board of Pharmacy Fax Number (where applicable) 614-752-4836